



PLEASE REPLY TO:
 Channing Laboratory
 180 Longwood Ave.
 Boston, Mass. 02115
 617-732-2279

Dear Colleague:

It is now eight years since you responded to the first Nurses' Health Study Questionnaire and my co-investigators and I are most grateful for your continued cooperation and participation in this major research project.

In recent analyses we compared risk factors for breast cancer in premenopausal women with those among postmenopausal women, and found no important differences. Also, we found no overall relationship between postmenopausal estrogens and risk of breast cancer.* Although these findings are reassuring, continued data collection is necessary to observe possible health effects of these preparations over longer periods of time. Soon we will complete analyses of postmenopausal hormones and coronary heart disease and will include summaries of these and other results with our 1985 informational mailing to you.

Since 1982, more than 70,000 participants have sent toenail specimens. These have now been cataloged and we will shortly begin analyzing selected specimens for trace element content. These analyses will add a unique and invaluable dimension to the Nurses' Health Study.

This year's questionnaire includes a comprehensive diet assessment to update our information on your food consumption. This is made possible through a special grant from The National Institutes of Health recognizing both the importance of diet in health and the high quality of the dietary information previously reported by participants in this study. Although the diet section involves some extra effort, we hope that you will give it your most careful attention since future national dietary recommendations will likely be based heavily on your accurate and complete responses.

This questionnaire again uses an optically scannable format to assure more efficient and accurate processing of forms. It is therefore important to use an ordinary (No. 2) pencil and to make no stray marks on the form. If you wish to make additional comments, please write them on a separate sheet. All information provided will remain confidential and be used for medical statistical purposes only. During the past year many participants have received promotional mailings regarding diet and health and asked whether we had released their names and addresses. I can assure you that we never have and never will release your name and address to any other individual or group.

Through the Nurses' Health Study questionnaires we are learning about ways to prevent cancer, heart disease and other important illnesses. Again, I am very grateful for your critical contribution toward this goal.

Sincerely,

Frank E. Speizer, M.D.
 Principal Investigator

- *References:
1. A Prospective Cohort Study of Postmenopausal Female Hormone Use and Risk of Breast Cancer. *Am. J. Epidemiol.* 1983; 118: 416
 2. A Case-control Study of Risk Indicators Among Women With Premenopausal and Early Postmenopausal Breast Cancer. *Cancer* 1984; 53: 1020-4

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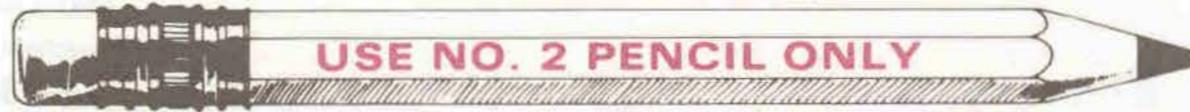
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INSTRUCTIONS



Please use an ordinary pencil to answer all questions by completely filling in the appropriate response circle, or by writing the requested information if a space is provided. Note that some questions ask for information since June 1982, some ask for current status, and some ask about events over longer periods. Because this form is meant to be read by optical-scanning equipment, it is important for you to make no stray marks and to keep any write-in responses within the provided spaces. Should you need to change a response, erase the incorrect mark completely. If you have comments, please write them on a separate piece of paper.

EXAMPLE 1: Do you live in the United States? NO YES

Fill circle completely, do not mark this way:

EXAMPLE 2: Where were you born?

OREGON

Keep hand-writing within borders of the response box.

EXAMPLE 3: DATE OF BIRTH AND CURRENT WEIGHT:

a) Write in birthdate and weight in the boxes at the top of each grid. For example, May 9, 1921 would be

b) Below each number, fill in the circle that corresponds to that number

11. DATE OF BIRTH:				12. CURRENT WEIGHT:		
MONTH	DAY	YEAR				
0	5	0	9	2	1	140 lbs.
● 0	● 0	0 0	0 0	0 0	● 0	
① 1	① 1	1 ●	1 ●	● 1	① 1	
② 2	② 2	● 2	● 2	2 2	② 2	
③ 3	③ 3	3 3	3 3	● 3	③ 3	
④ 4	④ 4	4 4	4 4	4 4	● 4	
⑤ 5	⑤ 5	5 5	5 5	5 5	⑤ 5	
● 6	⑥ 6	6 6	6 6	6 6	⑥ 6	
⑦ 7	⑦ 7	7 7	7 7	7 7	⑦ 7	
⑧ 8	⑧ 8	8 8	8 8	8 8	⑧ 8	
⑨ 9	● 9	9 9	9 9	9 9	⑨ 9	

and 140 pounds:

and fill circles that correspond to 140

Thank you for completing the 1984 NURSES' HEALTH STUDY Questionnaire.

Please tear off the cover letter and return both parts (pages 1-6) in the enclosed pre-paid envelope.

84

14. PLEASE WRITE IN YOUR IDENTIFICATION NUMBER →
(YOUR ID NUMBER IS PRINTED AT THE TOP OF PAGE 2)

0	1	2	3	4	5	6	7	8	9	A
0	1	2	3	4	5	6	7	8	9	A
0	1	2	3	4	5	6	7	8	9	A
0	1	2	3	4	5	6	7	8	9	A

15. DO YOU REGULARLY TAKE MULTIPLE VITAMINS?

NO

YES →

IF YES, a) HOW MANY DO YOU TAKE PER WEEK?

b) WHAT SPECIFIC BRAND DO YOU USUALLY USE?

2 OR LESS

6-9

3-5

10 OR MORE

SPECIFY EXACT BRAND

16. NOT COUNTING MULTIPLE VITAMINS, DO YOU TAKE ANY OF THE FOLLOWING PREPARATIONS:

a) VITAMIN A?

NO

YES, SEASONAL ONLY

YES, MOST MONTHS

IF YES, WHAT DOSE PER DAY?

LESS THAN 8,000 IU

8,000 to 12,000 IU

13,000 to 22,000 IU

23,000 IU OR MORE

DON'T KNOW

b) VITAMIN C?

NO

YES, SEASONAL ONLY

YES, MOST MONTHS

IF YES, WHAT DOSE PER DAY?

LESS THAN 400 mg.

400 to 700 mg.

750 to 1250 mg.

1300 mg. OR MORE

DON'T KNOW

c) VITAMIN B₆?

NO

YES →

IF YES, WHAT DOSE PER DAY?

LESS THAN 10 mg.

10 to 39 mg.

40 to 79 mg.

80 mg. OR MORE

DON'T KNOW

d) VITAMIN E?

NO

YES →

IF YES, WHAT DOSE PER DAY?

LESS THAN 100 IU

100 to 250 IU

300 to 500 IU

600 IU OR MORE

DON'T KNOW

e) SELENIUM?

NO

YES →

IF YES, WHAT DOSE PER DAY?

LESS THAN 80 mcg.

80 to 130 mcg.

140 to 250 mcg.

260 mcg. OR MORE

DON'T KNOW

f) IRON?

NO

YES →

IF YES, WHAT DOSE PER DAY?

LESS THAN 51 mg.

51 to 200 mg.

201 to 400 mg.

401 mg. OR MORE

DON'T KNOW

g) ZINC?

NO

YES →

IF YES, WHAT DOSE PER DAY?

LESS THAN 25 mg.

25 to 74 mg.

75 to 100 mg.

101 mg. OR MORE

DON'T KNOW

h) CALCIUM? (Include Calcium in Dolomite.)

NO

YES →

IF YES, WHAT DOSE PER DAY?

LESS THAN 400 mg.

400 to 900 mg.

901 to 1300 mg.

1301 mg. OR MORE

DON'T KNOW

i) ARE THERE OTHER SUPPLEMENTS THAT YOU TAKE ON A REGULAR BASIS? PLEASE MARK IF YES:

FOLIC ACID

CHROMIUM

IODINE

BETA-CAROTENE

VITAMIN D

COPPER

LECITHIN

B-COMPLEX VITAMINS

MAGNESIUM

RUTIN

OTHERS →

PLEASE SPECIFY

17. FOR EACH FOOD LISTED, FILL IN THE CIRCLE INDICATING HOW OFTEN ON AVERAGE YOU HAVE USED THE AMOUNT SPECIFIED DURING THE PAST YEAR.

	AVERAGE USE LAST YEAR									
	NEVER, OR LESS THAN ONCE PER MONTH	1-3 PER MO.	1 PER WEEK	2-4 PER WEEK	5-6 PER WEEK	1 PER DAY	2-3 PER DAY	4-5 PER DAY		6+ PER DAY
DAIRY FOODS										
SKIM OR LOW FAT MILK (8 oz. GLASS)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>						
WHOLE MILK (8 oz. GLASS)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>						
CREAM, e.g. COFFEE, WHIPPED (TBS)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>						
SOUR CREAM (TBS)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>						
NON-DAIRY COFFEE WHITENER (tsp.)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>						
SHERBET OR ICE MILK (1/2 CUP)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>						
ICE CREAM (1/2 CUP)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>						
YOGURT (1 CUP)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>						
COTTAGE OR RICOTTA CHEESE (1/2 CUP)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>						
CREAM CHEESE (1 oz.)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>						
OTHER CHEESE, e.g. AMERICAN, CHEDDAR, etc., PLAIN OR AS PART OF A DISH (1 SLICE OR 1 oz. SERVING)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>						
MARGARINE (PAT), ADDED TO FOOD OR BREAD; EXCLUDE USE IN COOKING	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>						
BUTTER (PAT), ADDED TO FOOD OR BREAD; EXCLUDE USE IN COOKING	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>						

PLEASE TURN TO PAGE 4

17. (CONTINUED) PLEASE FILL IN YOUR AVERAGE USE, DURING THE PAST YEAR, OF EACH SPECIFIED FOOD.

PLEASE TRY TO AVERAGE YOUR SEASONAL USE OF FOODS OVER THE ENTIRE YEAR. FOR EXAMPLE, IF A FOOD SUCH AS CANTALOUPE IS EATEN 4 TIMES A WEEK DURING THE APPROXIMATE 3 MONTHS THAT IT IS IN SEASON, THEN THE AVERAGE USE WOULD BE ONCE PER WEEK.

FRUITS	NEVER, OR LESS THAN ONCE PER MONTH	1-3 PER MO.	1 PER WEEK	2-4 PER WEEK	5-6 PER WEEK	1 PER DAY	2-3 PER DAY	4-5 PER DAY	6+ PER DAY
RAISINS (1 oz. OR SMALL PACK) OR GRAPES	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>					
PRUNES (1/2 CUP)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>					
BANANAS (1)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>					
CANTALOUPE (1/4 MELON)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>					
WATERMELON (1 SLICE)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>					
FRESH APPLES OR PEARS (1)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>					
APPLE JUICE OR CIDER (SMALL GLASS)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>					
ORANGES (1)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>					
ORANGE JUICE (SMALL GLASS)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>					
GRAPEFRUIT (1/2)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>					
GRAPEFRUIT JUICE (SMALL GLASS)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>					
OTHER FRUIT JUICES (SMALL GLASS)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>					
STRAWBERRIES, FRESH, FROZEN OR CANNED (1/2 CUP)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>					
BLUEBERRIES, FRESH, FROZEN OR CANNED (1/2 CUP)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>					
PEACHES, APRICOTS OR PLUMS (1 FRESH, OR 1/2 CUP CANNED)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>					

VEGETABLES	NEVER, OR LESS THAN ONCE PER MONTH	1-3 PER MO.	1 PER WEEK	2-4 PER WEEK	5-6 PER WEEK	1 PER DAY	2-3 PER DAY	4-5 PER DAY	6+ PER DAY
TOMATOES (1)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>					
TOMATO JUICE (SMALL GLASS)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>					
TOMATO SAUCE (1/2 CUP) e.g. SPAGHETTI SAUCE	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>					
RED CHILI SAUCE (1 TBS)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>					
TOFU OR SOYBEANS (3-4 oz.)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>					
STRING BEANS (1/2 CUP)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>					
BROCCOLI (1/2 CUP)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>					
CABBAGE OR COLE SLAW (1/2 CUP)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>					
CAULIFLOWER (1/2 CUP)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>					
BRUSSELS SPROUTS (1/2 CUP)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>					
CARROTS (1 WHOLE OR 1/2 CUP COOKED)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>					
CORN (1 EAR OR 1/2 CUP FROZEN OR CANNED)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>					
PEAS, OR LIMA BEANS (1/2 CUP FRESH, FROZEN, CANNED)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>					
MIXED VEGETABLES (1/2 CUP)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>					
BEANS OR LENTILS, BAKED OR DRIED (1/2 CUP)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>					
YELLOW (WINTER) SQUASH (1/2 CUP)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>					
EGGPLANT, ZUCCHINI, OR OTHER SUMMER SQUASH (1/2 CUP)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>					
YAMS OR SWEET POTATOES (1/2 CUP)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>					
SPINACH, COOKED (1/2 CUP)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>					
SPINACH, RAW AS IN SALAD	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>					
KALE, MUSTARD OR CHARD GREENS (1/2 CUP)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>					
ICEBERG OR HEAD LETTUCE (SERVING)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>					
ROMAINE OR LEAF LETTUCE (SERVING)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>					
CELERY (4" STICK)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>					
MUSHROOMS (ONE) FRESH, COOKED, OR CANNED	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>					
BEETS (1/2 CUP)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>					
ALFALFA SPROUTS (1/2 CUP)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>					
GARLIC, FRESH OR POWDERED (1 CLOVE OR SHAKE)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>					

EGGS, MEATS, ETC.	NEVER, OR LESS THAN ONCE PER MONTH	1-3 PER MO.	1 PER WEEK	2-4 PER WEEK	5-6 PER WEEK	1 PER DAY	2-3 PER DAY	4-5 PER DAY	6+ PER DAY
EGGS (1)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>					
CHICKEN OR TURKEY, WITH SKIN (4-6 oz.)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>					
CHICKEN OR TURKEY, WITHOUT SKIN (4-6 oz.)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>					
BACON (2 SLICES)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>					
HOT DOGS (1)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>					

17. (CONTINUED) PLEASE FILL IN YOUR AVERAGE USE, DURING THE PAST YEAR, OF EACH SPECIFIED FOOD.

		NEVER, OR LESS THAN ONCE PER MONTH	1-3 PER MO.	1 PER WEEK	2-4 PER WEEK	5-6 PER WEEK	1 PER DAY	2-3 PER DAY	4-5 PER DAY	6+ PER DAY
MEATS(CONTINUED)										
	PROCESSED MEATS, e.g. SAUSAGE, SALAMI, BOLOGNA, etc. (PIECE OR SLICE)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	LIVER (3-4 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	HAMBURGER (1 PATTY)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	BEEF, PORK, OR LAMB AS A SANDWICH OR MIXED DISH, e.g. STEW, CASSEROLE, LASAGNE, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	BEEF, PORK, OR LAMB AS A MAIN DISH, e.g. STEAK, ROAST, HAM, etc. (4-6 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	CANNED TUNA FISH (3-4 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	DARK MEAT FISH, e.g. MACKEREL, SALMON, SARDINES, BLUEFISH, SWORDFISH (3-5 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	OTHER FISH (3-5 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	SHRIMP, LOBSTER, SCALLOPS AS A MAIN DISH	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

		NEVER, OR LESS THAN ONCE PER MONTH	1-3 PER MO.	1 PER WEEK	2-4 PER WEEK	5-6 PER WEEK	1 PER DAY	2-3 PER DAY	4-5 PER DAY	6+ PER DAY
BREADS, CEREALS, STARCHES										
	COLD BREAKFAST CEREAL (1 CUP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	COOKED OATMEAL (1 CUP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	OTHER COOKED BREAKFAST CEREAL (1 CUP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	WHITE BREAD (SLICE), INCLUDING PITA BREAD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	DARK BREAD (SLICE)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	ENGLISH MUFFINS, BAGELS, OR ROLLS (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	MUFFINS OR BISCUITS (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	BROWN RICE (1 CUP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	WHITE RICE (1 CUP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	PASTA, e.g. SPAGHETTI, NOODLES, etc. (1 CUP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	OTHER GRAINS, e.g. BULGAR, KASHA, COUSCOUS, etc. (1 CUP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	PANCAKES OR WAFFLES (SERVING)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	FRENCH FRIED POTATOES (4 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	POTATOES, BAKED, BOILED (1) OR MASHED (1 CUP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	POTATO CHIPS OR CORN CHIPS (SMALL BAG OR 1 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	CRACKERS, TRISKETS, WHEAT THINS (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	PIZZA (2 SLICES)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

		NEVER, OR LESS THAN ONCE PER MONTH	1-3 PER MO.	1 PER WEEK	2-4 PER WEEK	5-6 PER WEEK	1 PER DAY	2-3 PER DAY	4-5 PER DAY	6+ PER DAY
BEVERAGES										
CARBONATED BEVERAGES	Low Calorie (sugar-free) types	LOW CALORIE COLA, e.g. TAB WITH CAFFEINE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		LOW CALORIE CAFFEINE-FREE COLA, e.g. PEPSI FREE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		OTHER LOW CALORIE CARBONATED BEVERAGE, e.g. FRESCA, DIET 7-UP, DIET GINGER ALE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Regular types (not sugar-free)	COKE, PEPSI, OR OTHER COLA WITH SUGAR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		CAFFEINE FREE COKE, PEPSI, OR OTHER COLA WITH SUGAR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		OTHER CARBONATED BEVERAGE WITH SUGAR, e.g. 7-UP, GINGER ALE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OTHER BEVERAGES	HAWAIIAN PUNCH, LEMONADE, OR OTHER NON-CARBONATED FRUIT DRINKS (1 GLASS, BOTTLE, CAN)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	DECAFFEINATED COFFEE (1 CUP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	COFFEE (1 CUP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	TEA (1 CUP), NOT HERBAL TEAS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	BEER (1 GLASS, BOTTLE, CAN)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	RED WINE (4 oz. GLASS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	WHITE WINE (4 oz. GLASS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LIQUOR, e.g. WHISKEY, GIN, etc. (1 DRINK OR SHOT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

PLEASE TURN TO PAGE 6

IDENTIFICATION NUMBER: _____

0	1	2	3	4	5	6	7	8	9	A
0	1	2	3	4	5	6	7	8	9	A

17. (CONTINUED) PLEASE FILL IN YOUR AVERAGE USE DURING THE PAST YEAR, OF EACH SPECIFIED FOOD.

SWEETS, BAKED GOODS, MISCELLANEOUS	NEVER, OR LESS THAN ONCE PER MONTH	1-3 PER MO.	1 PER WEEK	2-4 PER WEEK	5-6 PER WEEK	1 PER DAY	2-3 PER DAY	4-5 PER DAY	6+ PER DAY
CHOCOLATE (BARS OR PIECES) e.g. HERSHEY'S, M & M'S	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CANDY BARS, e.g. SNICKERS, MILKY WAY, REESES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CANDY WITHOUT CHOCOLATE (1 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COOKIES, HOME BAKED (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COOKIES, READY MADE (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
BROWNIES (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DOUGHNUTS (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CAKE, HOME BAKED (SLICE)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CAKE, READY MADE (SLICE)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SWEET ROLL, COFFEE CAKE OR OTHER PASTRY, HOME BAKED (SERVING)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SWEET ROLL, COFFEE CAKE OR OTHER PASTRY, READY MADE (SERVING)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PIE, HOMEMADE (SLICE)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PIE, READY MADE (SLICE)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
JAMS, JELLIES, PRESERVES, SYRUP, OR HONEY (1 TBS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PEANUT BUTTER (TBS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
POPCORN (1 CUP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NUTS (SMALL PACKET OR 1 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
BRAN, ADDED TO FOOD (1 TBS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WHEAT GERM (1 TBS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHOWDER OR CREAM SOUP (1 CUP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OIL AND VINEGAR DRESSING, e.g. ITALIAN (1 TBS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MAYONNAISE OR OTHER CREAMY SALAD DRESSING (1 TBS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MUSTARD, DRY OR PREPARED (1 tsp)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PEPPER (1 SHAKE)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SALT (1 SHAKE)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

1	1	1
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9
A	A	A
B	B	B
C	C	C
1/8	3	1/8
1/4	4	1/4
1/2	5	1/2
3/4	6	3/4
1	7	1
2	8	2
3	9	3
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

18. WHAT DO YOU DO WITH THE VISIBLE FAT ON YOUR MEAT?
 EAT MOST OF THE FAT EAT AS LITTLE AS POSSIBLE
 EAT SOME OF THE FAT (DON'T EAT MEAT)

19. WHAT KIND OF FAT DO YOU USUALLY USE FOR FRYING AND SAUTÉING? (EXCLUDE "PAM"-TYPE SPRAY)
 REAL BUTTER VEGETABLE OIL LARD
 MARGARINE VEGETABLE SHORTENING

20. WHAT KIND OF FAT DO YOU USUALLY USE FOR BAKING?
 REAL BUTTER VEGETABLE OIL LARD
 MARGARINE VEGETABLE SHORTENING

21. WHAT FORM OF MARGARINE DO YOU USUALLY USE?
 NONE STICK FORM TUB FORM DIET FORM (LOW CALORIE)

22. HOW OFTEN DO YOU EAT FOOD THAT IS FRIED AT HOME? (EXCLUDE THE USE OF "PAM"-TYPE SPRAY)
 DAILY 4-6 TIMES PER WEEK
 1-3 TIMES PER WEEK LESS THAN ONCE A WEEK

23. HOW OFTEN DO YOU EAT FRIED FOOD AWAY FROM HOME? (e.g. FRENCH FRIES, FRIED CHICKEN, FRIED FISH)
 DAILY 4-6 TIMES PER WEEK
 1-3 TIMES PER WEEK LESS THAN ONCE A WEEK

24. HOW MANY TEASPOONS OF SUGAR DO YOU ADD TO YOUR FOOD EACH DAY? _____ tsp.

25. WHAT TYPE OF COOKING OIL DO YOU USUALLY USE? _____ SPECIFY TYPE AND BRAND

26. WHAT KIND OF COLD BREAKFAST CEREAL DO YOU USUALLY USE? _____ SPECIFY TYPE AND BRAND

27. ARE THERE ANY OTHER IMPORTANT FOODS THAT YOU USUALLY EAT AT LEAST ONCE PER WEEK?
 INCLUDE FOR EXAMPLE: PATÉ, TORTILLAS, YEAST, CREAM SAUCE, CUSTARD, HORSERADISH, PARSNIPS, RHUBARB, RADISHES, FAVA BEANS, CARROT JUICE, COCONUT, AVOCADO, MANGO, PAPAYA, DRIED APRICOTS, DATES, FIGS.
 (DO NOT INCLUDE DRY SPICES AND DO NOT LIST SOMETHING THAT HAS BEEN LISTED IN THE PREVIOUS SECTIONS.)

OTHER FOODS THAT YOU USUALLY USE AT LEAST ONCE PER WEEK	USUAL SERVING SIZE	SERVINGS PER WEEK
(a)		
(b)		
(c)		
(d)		

0	0	0	18
1	1	1	19
2	2	2	20
3	3	3	21
4	4	4	22
5	5	5	23
6	6	6	24
7	7	7	25
8	8	8	26
9	9	9	27